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AUTHOR Pelavin, Diane C.; And Others
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ABSTRACT

To improve the services provided to clients in vocational rehabilitation, a study was conducted to determine what staff shortages exist by occupational discipline and which of them could be addressed by education and training. Data collection involved a questionnaire completed by 95 percent of the 83 directors of state agencies responsible for providing vocational rehabilitation services. Those responses were validated by a random sample of 10 percent of state-approved vocational rehabilitation facilities; responses were received from 234 of the 326 facilities contacted. The following were among the findings reported: (1) the areas of rehabilitation counseling, rehabilitation administration, and rehabilitation of the blind have large numbers of unfilled positions, as do job placement and development, rehabilitation of the deaf, and independent living; (2) possible shortages exist in the areas of experimental and innovative services, rehabilitation engineering, interpreter training, orientation specialists and mobility specialists for the blind, and rehabilitation psychologists; (3) inadequate education was the primary contributing factor to an unsatisfactory pool of applicants in most shortage areas; and (4) the areas in which shortages most severely affect the greatest number of people were rehabilitation counseling, rehabilitation of the blind, rehabilitation of the deaf, and vocational evaluation and work adjustment. (CML)

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NATIONAL ASSESSMENT OF PERSONNEL SHORTAGES AND TRAINING NEEDS IN VOCATIONAL REHABILITATION

Diane C. Pelavin
Sol H. Pelavin
Carin A. Celebuski
Assisted by Andrea B. Levine

PELAVIN ASSOCIATES, INC.

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1. INTRODUCTION

Background

Section 304(c) of the Rehabilitation Amendments of 1984 (Public Law 98-221) requires that the Commissioner of the Rehabilitation Services Administration determine training needs that are necessary to provide services to handicapped individuals. Under this act the Commissioner is also required to develop a long-term rehabilitation manpower plan designed to target resources on areas of personnel shortage. In addition, the Commissioner is required to prepare and submit to the Congress, simultaneously with the budget submission for the succeeding years, an annual report setting forth and justifying in detail how the training funds for the fiscal year prior to such submission are allocated by professional discipline and other program areas. To respond to this legislative directive, RSA conducted a national assessment of personnel shortages and training needs in the field of vocational rehabilitation. The purpose of the national assessment of personnel shortages and training needs was to identify possible critical shortages of rehabilitation specialists which could be meaningfully addressed through special priorities governing the allocation of federal training funds available through RSA. Critical shortages are defined as regional or national

shortages which result in reductions in the quantity or quality of services to levels substantially below those judged necessary to serve current rehabilitation clients or to expand services to underserved populations. The assessment consisted of surveys of the state vocational rehabilitation agencies and their service providers. This report presents an analysis of national data from the survey of the state vocational rehabilitation agencies and a preliminary analyses of the data from the survey of facilities that are approved by state agencies to provide rehabilitation services. Further analyses of the facilities data will be completed after the necessary investigations and resulting adjustments are done to ensure that the estimates derived from the data are statistically acceptable.

Methodology

The primary data in this report were collected by mailing surveys to the directors of all 83 state vocational rehabilitation agencies. These agencies have the primary responsibility for providing vocational rehabilitation services to handicapped individuals either directly or by referring clients to other vocational rehabilitation facilities. Surveys were completed by 79 (95 percent) of the 83 directors of state agencies. The survey contained several different items that could be used to measure personnel shortages and training needs. In most instances, each of the measures seemed to indicate the same areas of shortage; in a few instances, however, as will be demonstrated in this report, it was necessary to consider several measures to determine a shortage.

To validate the responses of the state agencies, a ten percent random sample of state-approved vocational rehabilitation facilities was drawn from the lists of state-approved service providers from each of the regional offices of RSA. Surveys were completed by 234 (72 percent) of the 326 state-approved vocational rehabilitation facilities in the sample. The questionnaires to the two groups were almost identical; both questionnaires are contained in Appendix A.

Attached to each questionnaire was a sheet of occupational codes which was accompanied by a glossary of occupational titles and their definitions. These codes were used throughout the survey by the respondents. For the analysis, however, RSA mapped the occupational codes into corresponding training program areas. These areas are referred to as occupational areas throughout the report and are used in all analyzes. Appendix B contains the specialty codes used by the respondents and the conversion of these codes into corresponding RSA training areas.

Some states have comprehensive vocational rehabilitation agencies that serve clients with all types of disabilities. Other states have two agencies that handle vocational rehabilitation; one is an agency for the blind, the other, referred to as a general agency, handles clients with all other disabilities. We examined how each of these types of agencies responded to the survey's questions. Analyses of responses weighted by the size of the agency were also conducted. For the most part, neither of these analyses produced significant changes in our conclusions about national shortages. However, in those instances where the results of one of these analyses were significant, they are presented and discussed in the body of the report. All other tables providing weighted analyses and analyses by type of agency are contained in Appendix C.

2. SURVEY OF THE DIRECTORS OF STATE VOCATIONAL REHABILITATION AGENCIES

Two major questions guided the analysis of the data from the survey of state directors of the state vocational rehabilitation agencies:

- What shortages exist among occupational disciplines in vocational rehabilitation?
- What training is especially needed to alleviate shortages and to improve the services that current staff in vocational rehabilitation provide to clients?

This chapter will discuss the findings of these analyses.

Personnel Shortages

This section will first provide data on the staffing patterns and unfilled positions that exist at the state agencies. It will then provide data on those areas for which the agencies have unsatisfactory pools of applicants, and those areas for which state agencies have difficulty obtaining services from outside providers. Finally, it will provide an indication of the shortages which are caused by inadequate training.

Agency Staffing Patterns and Unfilled Positions

The state agencies were asked to indicate the type of specialists that were employed by the state, and the number of budgeted full-time equivalent (FTE) positions and unfilled positions that existed for each of these specialties. The specialties were to include vocational rehabilitation administrators, but only those whose positions required

specific vocational rehabilitation knowledge. Thus, accountants were not included, but organizational planners were. Similarly, clerical staff were not included.

Responses were examined in terms of the total number of budgeted FTE positions that existed for each occupational area and the total number and percentage of these positions that were unfilled. The state agencies indicated that they had a total of 15,088 budgeted FTE positions in their agencies in the field of vocational rehabilitation. As can be seen from Table 1, 44 percent of those positions were for rehabilitation counselors. Two-thirds of all available positions in state agencies are in the areas of rehabilitation counseling and rehabilitation administration, and three-fourths of all positions are in rehabilitation counseling, rehabilitation administration, and rehabilitation of the blind. In prioritizing funds for training, care must be taken to ensure that there is a sufficient supply of people entering these occupations to replace those who leave the profession, even if no shortages currently exist in these areas.

Although only eight percent of the positions in rehabilitation counseling were unfilled, there were a total of 507 unfilled positions for rehabilitation counselors. This was by far the largest number of unfilled positions for any one occupational area. A training area with a very large number of unfilled positions, such as rehabilitation counseling, indicates a significant personnel need, even if the percent of unfilled positions in that occupational area is not high. The occupational areas with the next highest numbers of unfilled budgeted FTE positions were rehabilitation administration which had 136 unfilled positions and

Table 1

Number of Agencies with Budgeted and Unfilled Positions Corresponding to RSA Training Area, Listed in Descending Order, by Size of Agency

(in FTEs)

Area	No. of Agencies with Positions	Number of Budgeted FTEs	Number of Unfilled FTEs	Unfilled As % Of FTEs
Rehab Counseling	65	6,635	507	8%
Rehab Administration	70	3,375	136	4%
Rehab of the Blind	50	1,481	135	9%
Wkshop & Facility Training	32	725	29	4%
Voc Evaluation & Work Adjustment	42	569	49	9%
Rehab of the Mentally Ill	14	356	7	2%
Rehab of the Deaf	40	328	44	13%
Job Placement & Development	42	328	68	21%
Experimental & Innovative	11	252	26 [a]	10%
Rehab Nursing	22	226	27 [a]	12%
Independent Living	35	170	28	16%
Rehab Psychology	22	102	13	13%
Other	27	102	8	8%
Physical Therapy	12	91	26 [a]	29%
Occupational Therapy	16	84	20 [a]	24%
Interpreter Training	16	77	3 [a]	4%
Rehab Medicine	16	58	8 [a]	14%
Client Assistance (Contract)	17	55	3	5%
Prosthetics and Orthotics	2	40	15 [a]	38%
Speech Pathology & Audiology	8	34	12 [a]	35%
Totals	79	15,088	1,164	8%

[a] Half or more of the vacancies were from one agency.

rehabilitation of the blind which had 135 positions. Positions in job placement and development existed at 42 of the 79 agencies that responded to the survey; 21 percent of these positions were unfilled, leaving a total of 68 vacancies. Rehabilitation of the deaf is another area in which many agencies employed staff and which had a relatively high rate (13 percent) of unfilled positions, as well as a sizeable number (44) of vacancies. Within the broad area of rehabilitation of the blind, visual impairment specialists had a 12 percent vacancy rate and 64 unfilled positions, and almost half of the respondents employ specialists in this category.

Tables 2 and 3 provide rankings of shortages based on number of unfilled positions and percentages of positions that are unfilled, respectively. In examining them, the reader is again cautioned that these measures cannot be viewed in isolation. They must be considered with regard to contextual factors such as the number of agencies that employ a particular specialty, the number as well as the percentage of unfilled positions, and whether or not state agencies have difficulty obtaining suitable services in these areas from outside providers (this information is provided later, in Table 5). For example, although there is a 38 percent vacancy rate in the area of prosthetics and orthotics, there are only 15 unfilled positions, only 2 state agencies employ people in these positions, and at least half of the vacancies are at one of the two agencies. Furthermore, as will be indicated later in this report, very few state agencies indicated having any difficulty finding suitable outside providers for these services.

Table 2

Selected Personnel Shortages [a] Within RSA Program Training Areas
Ordered by Number of Unfilled Positions
(in FTEs)

Area	Number of Unfilled FTEs
Rehab Counseling	507
Rehab Administration	136
Rehab of the Blind	135
Visual Impairment	(64) [b]
Business Enterprise Spec	(13) [b]
Orientation & Mobility Spec	(24) [b]
Rehab Teacher	(34) [b]
Job Placement & Development	68
Job Evaluation & Work Adjustment	49
Rehab of the Deaf	44
Wkshop & Facility Training	29
Independent Living	28
Rehabilitation Nursing	27 [c]
Experimental and Innovative	26 [c]
Physical Therapy	26 [c]

[a] This ordering does not include any areas where total vacancies were less than 25.

[b] These specialties are all included in the Rehabilitation of the Blind training area.

[c] Half or more of the vacancies were from one agency.

Table 3

Selected [a] Personnel Shortages Within RSA Program Training Areas
Ordered by Percent of Unfilled Positions
(in FTEs)

Area	Unfilled As % Of FTEs
Prosthetics and Orthotics [c]	38%
Speech Pathology and Audiology [c]	35%
Physical Therapy [c]	29%
Rehab Engineering [b]	25%
Occupational Therapy [c]	24%
Job Placement & Development	21%
Independent Living	16%
Rehabilitation Medicine [c]	14%
Rehab Psychology	13%
Rehab of the Deaf	13%
Rehabilitation Nursing	12%
Experimental and Innovative	10%
Voc Evaluation & Work Adjustment	9%
Rehab of the Blind	9%
Visual Impairment	(12%)
Business Enterprise Spec	(6%)
Orientation & Mobility Spec	(12%)
Rehab Teacher	(7%)
Rehab Counseling	8%

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[a] Areas with percentages of less than 8 percent were not included in this table.

[b] Rehabilitation Engineering technically belongs in a training program category with rehabilitation dentistry and recreational therapy. Since these occupations have very low rates of unfilled positions, they were not included in this table. This category has a very small number (five) of unfilled positions.

[c] Half or more of the unfilled positions are from one agency and the total number of unfilled positions is less than 28.

The directors of the state agencies were asked to rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. Their responses provided an additional means of measuring the importance of shortages in various specialty areas. When we analyzed the responses we took three measures into consideration: the frequency that each discipline was mentioned, the number of agencies that gave the discipline a first place ranking, and a weighted ranking based on the size of the agency. These data are presented in Table 4. Fifty-five of the 79 agencies indicated that rehabilitation counseling was one of the three most critical disciplines, and 47 of these 55 ranked this discipline as the most critical. When agency responses were weighted by size, rehabilitation counseling still had the highest percentage of responses. Thus, rehabilitation counseling was rated as most critical by all three of the measures that were considered. The area of rehabilitation of the blind was ranked second both by the number of agencies that felt it was among the top three most critical areas, and by the number of agencies that gave it a first place ranking. However, when the responses were weighted by size of agency, this area was fourth. Not surprisingly, the 20 agencies that ranked rehabilitation of the blind in first place were all agencies for the blind. Rehabilitation of the deaf was ranked in third place based on the number of agencies that listed it among the three most critical disciplines and by the number of agencies that gave it a first place ranking. Using weighted responses rehabilitation of the deaf ranked second. Vocational evaluation and adjustment ranked fourth in criticalness, based on the number of agencies that listed it among the

Table 4

RSA Training Areas in Which Unfilled Postions
Most Affect the Greatest
Number of Clients - All Agencies [a]
n = 79

	N	Percentage	Percentage Weighted by Agency Size
Rehab Counseling	55 (47) [b]	70%	84
Rehab of the Blind	34 (20)	43	19
Rehab of the Deaf	21 (6)	26	40
Voc Evaluation & Adjustment	14 (1)	18	25
Rehab Administration	13	16	15
Job Placement & Development	11	14	19
Independent Living	9	11	8
Rehab of the Mentally Ill	6	8	10
Experimental & Innovative	4	5	2
Other	4	5	9
Workshop & Facility Training	3	4	6

[a] Training Areas that were not mentioned by any agencies were not included in this table.

[b] Number of agencies ranking area first

three most critical disciplines and by the number of agencies that gave it a first place ranking. Using weighted responses it would rank third.

Unsatisfactory Applicant Pools

Another means that was used to measure shortages of qualified personnel was provided by asking the agencies to indicate any specialties for which an unsatisfactory pool of applicants existed. Sixty-six of the 79 agencies indicated that they had an inadequate pool of applicants for at least some specialty area. These 66 agencies were then asked a series of questions about the areas for which there was an inadequate pool of applicants. At least 40 percent of the agencies indicated that they had an unsatisfactory pool of applicants in the areas of rehabilitation of the blind, rehabilitation counseling, and rehabilitation of the deaf (see Table 5). Within the broad area of rehabilitation of the blind, 38 percent of the 66 agencies indicated an unsatisfactory pool of orientation and mobility specialists, 32 percent indicated an unsatisfactory pool of rehabilitation teachers, and 20 percent indicated an unsatisfactory pool of visual impairment specialists. Other areas which were mentioned by at least 10 of the 66 agencies as having unsatisfactory pools of applicants included: vocational evaluation and work adjustment, interpreter training, rehabilitation engineering, independent living, experimental and innovative services, and job placement.

A comparison of the information about occupational areas presented in Table 1 with the information presented in Table 5 shows that the areas of rehabilitation counseling, rehabilitation of the blind, vocational evaluations and work adjustment, and rehabilitation of the deaf are indicated as significant areas of concern across several measures.

Table 5

RSA Training Areas with Unsatisfactory Pool of Applicants - All Agencies
n = 66

Training Area	Number of Agencies	Percent of 66	Percent of All
Rehab of the Blind	34	52	43
Visual Impairment	(13)	(20)	16
Bus. Enterprise Specialist	(4)	(6)	5
Orientation & Mobililty Spec.	(25)	(38)	32
Rehab Teachers	(21)	(32)	27
Rehab Counseling	29	(44)	37
Rehab of the Deaf	27	(41)	34
Voc Eval & Work Adjustment	15	(23)	19
Interpreter Training	14	(21)	18
Other	14	(21)	18
Recreation Therapy	(1)	(2)	1
Rehab Dentist	(0)	(0)	0
Rehab Engineering	(13)	(20)	16
Independent Living	13	(20)	16
Experimental & Innovative	12	(18)	15
Job Placement & Development	11	(17)	14
Physical Therapy	9	(14)	11
Occupational Therapy	8	(12)	10
Rehab of the Mentally Ill	7	(11)	9
Rehab Administration	6	(9)	8
Workshop & Facility Training	6	(9)	8
Rehab Psychology	5	(8)	6
Rehab Nursing	4	(6)	5
Prosthetics & Orthotics	3	(5)	4
Speech Path & Audiology	3	(5)	4
Client Asst (Contract)	2	(3)	3
Rehab Medicine	2	(3)	3

However, the areas of rehabilitation administration and workshop and facility training, although areas with relatively large numbers of budgeted positions, are not areas with unsatisfactory pools of applicants.

When the responses to this question were weighted by the size of the agency the three most frequently mentioned areas with unsatisfactory applicant pools remained the same, although their rankings, relative to each other, changed. The weighted rankings are shown in Table C-1 of Appendix C.

Twenty of the 66 agencies that responded to this question were agencies for the blind. Sixteen of these agencies (80 percent) indicated that they had an unsatisfactory pool of applicants for occupations within the broad category, rehabilitation of the blind. Within this broad category, 13 of these 20 agencies indicated that they had an unsatisfactory pool of applicants for orientation and mobilization specialists, and 12 (60 percent) indicated an unsatisfactory pool of applicants for rehabilitation teachers. Seven (35 percent) of the 20 agencies for the blind indicated an unsatisfactory pool of applicants for visual impairment specialists, but none indicated that an unsatisfactory pool of applicants existed for business enterprise specialists. No other occupational category was mentioned by more than 2 (10 percent) of these twenty agencies. These responses are provided in Table 6.

Lack of Suitable Outside Providers

Most state agencies use private rehabilitation facilities to provide some services to their clients. This can be a cost-effective way of providing a wide variety of services because it eliminates the need to

Table 6

Areas with Unsatisfactory Applicant Pool - Agencies for the Blind
n = 20

Training Area	Number of Agencies	Inadequate Education/ Training a Factor
Rehab of the Blind	16 (80%)	12 (60%)
Rehab Counseling	(1 (5%))	1 (5%)
Rehab of the Deaf	2 (10%)	2 (10%)
Voc Eval & Work Adjustment	0 (0%)	0 (0%)
Interpreter Training	1 (5%)	0 (0%)
Experimental & Innovative	2 (10%)	2 (10%)
Other	1 (5%)	0 (0%)
Independent Living	1 (5%)	1 (5%)
Job Placement & Development	2 (10%)	2 (10%)
Physical Therapy	0 (0%)	0 (0%)
Occupational Therapy	1 (5%)	1 (5%)
Rehab of the Mentally Ill	1 (5%)	1 (5%)
Rehab Administration	1 (5%)	1 (5%)
Wkshop & Facility Training	1 (5%)	0 (0%)
Rehab Psychology	1 (5%)	0 (0%)
Rehab Medicine	0 (0%)	0 (0%)
Rehab Nursing	1 (5%)	0 (0%)
Prosthetics & Orthotics	0 (0%)	0 (0%)
Speech Path & Audiology	0 (0%)	0 (0%)
Client Asst (Contract)	1 (5%)	1 (5%)

have employees on staff who are qualified to provide infrequently needed, but nonetheless necessary, services. To determine whether services to clients were impeded because of personnel shortages among these outside providers, the state agencies were first asked whether they had any problems in locating suitable providers of specialized services for their clients. Sixty-two of the 79 respondents indicated that they did have some difficulty. These 62 agencies were then asked to identify up to three specialties for which they had the greatest difficulty finding suitable outside providers, and to indicate whether each of these difficulties was caused by high costs, long delays, or the lack of local providers. As can be seen in Table 7, the areas that were cited by the largest number of state agencies were experimental and innovative services, rehabilitation engineering, interpreter training, rehabilitation of the blind (particularly orientation and mobility specialists and rehabilitation teachers), rehabilitation psychology, and rehabilitation counseling. Lack of providers was the primary factor for the difficulty in obtaining services in the areas of rehabilitation engineering, interpreter training, and rehabilitation of the blind; whereas problems in obtaining experimental and innovative services and services in the areas of rehabilitation psychology or rehabilitation counseling were attributed almost as much to high costs as to the lack of providers. Weighting the responses by the size of the agency results in only slightly different ordering; specifically, rehabilitation counseling moves ahead of rehabilitation of the blind. The weighted rankings of areas for which it is difficult to get suitable outside providers in are presented in Table C-6 of Appendix C.

Table 7

Areas that Agencies Experienced Problems
in Locating Suitable Service Providers
n = 62

Area	N	(%) [a]	Reasons: High Costs	Reasons: Long Delays	Reasons: No Providers
Experimental & Innovative	23	(37%)	16	10	20
Other	21	(34%)	5	4	19
Interpreter Training	19	(31%)	4	3	18
Rehab of the Blind	18	(29%)	5	8	16
Rehab Psychology	15	(24%)	8	4	10
Rehab Counseling	11	(18%)	6	3	7
Rehab Medicine	8	(13%)	5	3	6
Independent Living	6	(10%)	1	0	5
Rehab of the Deaf	6	(10%)	2	1	6
Voc Eval & Adjustment	6	(10%)	2	3	4
Rehab of Mentally Ill	5	(8%)	2	4	2
Prosthetics & Orthotics	5	(8%)	4	4	5
Rehab Administration	2	(3%)	1	1	2
Wkshop & Facility Training	1	(2%)	0	0	1
Job Placement & Development	1	(2%)	1	0	1
Physical Therapy	1	(2%)	0	0	1
Rehab Nursing	1	(2%)	0	0	1
Speech Pathology & Audiology	1	(2%)	0	0	1

All other areas zero (0).

[a] Percentage of only those agencies that have difficulties finding suitable outside providers.

Validation of The State Agency Perspective

In order to validate the information that the state agencies reported regarding personnel shortages, a survey was conducted of state-approved vocational rehabilitation facilities. Their responses which are contained in Tables 8 and 9 regarding the number and percent of unfilled positions that they had at their agencies show that several of the occupational areas with the largest number of budgeted FTE positions were the same as for the state agencies, although their order was slightly different. By comparing Table 9 with Table 1, it can be seen that three of the four areas with the largest number of unfilled positions are also the same. These areas are rehabilitation counseling, rehabilitation administration, and job placement and development. It can also be seen that three of the five areas with the largest percent of unfilled positions are the same: job placement and development, independent living, and rehabilitation psychology. Again the reader is cautioned that looking at percentages without looking at the number of vacancies can be misleading and lead to erroneous conclusions. A high percent of vacancies in an occupation that has only a small number of unfilled positions may be indicative of a significant local or regional shortage but it is not, by itself, indicative of a national shortage. The reader should also remember that the state agencies reported that salary rather than inadequate training was a factor causing a lack of a satisfactory pool of applicants for rehabilitation psychologists.

Finally we examined whether the areas for which state agencies had difficulty finding outside providers were areas of shortage among facilities. The areas of difficulty reported most frequently by state

Table 8

Number of Budgeted Positions at State Agencies
And a Sample of State-Approved Facilities

(in FTEs)

Area	Agencies	Facilities [a]
Rehab Counseling	6,635	362
Rehab Administration	3,375	770
Rehab of the Blind	1,481	195
Visual Impairment	(551)	(8)
Business Enterprise Spec	(217)	(38)
Orientation & Mobility Spec	(198)	(20)
Rehab Teacher	(515)	(129)
Wkshop & Facility Training	725	1,495
Voc Evaluation & Work Adjustment	569	303
Rehab of the Mentally Ill	356	67
Rehab of the Deaf	328	13
Job Placement & Development	328	197
Experimental & Innovative	252	9
Rehab Nursing	226	118
Independent Living	170	148
Rehab Psychology	102	42
Other	102	53
Rec Therapy	(80)	(44)
Rehab Dentistry	(2)	(1)
Rehab Engineering	(20)	(8)
Physical Therapy	91	101
Occupational Therapy	84	56
Interpreter Training	77	17
Rehab Medicine	58	10
Client Assistance (Contract)	55	89
Prosthetics and Orthotics	40	2
Speech Pathology & Audiology	34	101
Totals	15,088	4,396

[a] From a ten percent random sample of facilities approved to do business with state agencies.

Table 9

Number of Facilities with Budgeted and Unfilled Positions
(in FTEs)

n = 234

Area	No. of Facilities with Positions	Number of Budgeted FTEs	Number of Unfilled FTEs	Unfilled As % Of FTEs
Wkshop & Facility Training	136	1,495	70	5%
Rehab Administration	166	770	26	3%
Rehab Counseling	112	362	27	7%
Voc Evaluation & Work Adjustment	129	303	28	9%
Job Placement & Development	116	197	26	13%
Rehab of the Blind	58	195	12	6%
Visual Impairment	(7)	(8)	(0)	(-)
Business Enterprise Spec	(27)	(38)	(1)	(3%)
Orientation & Mobility Spec	(12)	(20)	(3)	(15%)
Rehab Teacher	(35)	(129)	(8) [a]	(6%)
Independent Living	38	148	10	7%
Rehab Nursing	29	118	15 [a]	13%
Physical Therapy	23	101	15 [a]	15%
Speech Pathology & Audiology	34	101	7 [a]	7%
Client Assistance (Contract)	35	89	8 [a]	9%
Rehab of the Mentally Ill	24	67	8 [a]	12%
Rehab Psychology	29	42	10	24%
Occupational Therapy	29	56	10	18%
Other	27	53	4	8%
Rec Therapy	(23)	(44)	(4)	(9%)
Rehab Dentistry	(1)	(1)	(0)	(-)
Rehab Engineering	(6)	(8)	(0)	(-)
Interpreter Training	8	17	2	12%
Experimental & Innovative	7	9	2 [a]	22%
Rehab of the Deaf	10	13	1	8%
Rehab Medicine	8	10	0	-
Prosthetics and Orthotics	2	2	0	-
Totals	234	4,396	297	7%

[a] Half or more of the vacancies were from one or two facilities.

agencies were: experimental and innovative services, rehabilitation engineering, interpreter training, rehabilitation of the blind (specifically, orientation and mobility specialists and rehabilitation teachers), and rehabilitation psychologists. There are not large numbers of unfilled positions for these occupations among the facilities, but all of these occupations, except for rehabilitation engineering, have vacancy rates of between 12 and 24 percent. The relatively few budgeted positions and the high vacancy rates for these occupations certainly indicate that the state agencies are having difficulties because there simply are not many people in these occupations within the state-approved facilities. Further analysis of the facilities' data will indicate if they have inadequate pools of applicants for these positions and, if so, whether these inadequacies could be addressed through training or are primarily a function of other conditions such as salary. For certain disciplines such as rehabilitation engineering a regional analysis will provide a better indication of the match between state agency needs and the facilities' capabilities for meeting them.

Training Needs

Training needs were examined to determine which shortages could be alleviated through training and what training was needed to improve services. To determine if any shortages were attributed to a lack of trained or educated applicants, the 66 agencies with inadequate pools of applicants were asked to identify the factors that contributed to this inadequacy. As indicated in Table 10, inadequate education or training was the most frequently cited factor for the ten areas that ranked highest

Table 10

Factors Contributing to an Unsatisfactory Pool of Applicants
By RSA Training Areas - All Agencies
n = 66

Training Area	Number of Agencies	Contributing Factors: Low Salary	Location	Poor Working Condition	Competition	Inadequate Education, Training
Rehab of the Blind	34	15	12	1	10	26
Visual Impairment	(13)	(3)	(6)	(1)	(2)	(12)
Bus. Enterprise Specialist	(4)	(3)	(2)	(1)	(0)	(4)
Orientation & Mobility Spec.	(25)	(13)	(17)	(0)	(8)	(16)
Rehab Teachers	(21)	(7)	(8)	(0)	(6)	(16)
Rehab Counseling	29	13	17	3	14	18
Rehab of the Deaf	27	10	13	1	5	24
Voc Eval & Work Adjustment	15	6	4	2	5	12
Interpreter Training	14	8	4	3	6	10
Other	14	7	2	0	6	9
Recreation Therapy	(1)	(1)	(0)	(0)	(1)	(0)
Renab Dentist	(0)	(0)	(0)	(0)	(0)	(0)
Rehab Engineering	(13)	(6)	(2)	(0)	(5)	(9)
Independent Living	13	4	3	0	2	10
Experimental & Innovative	12	5	3	0	2	12
Job Placement & Development	11	1	1	0	1	10
Physical Therapy	9	9	4	0	7	3
Occupational Therapy	8	8	3	0	6	4
Rehab of the Mentally Ill	7	2	2	0	3	7
Rehab Administration	6	3	0	0	1	4
Workshop & Facility Training	6	6	2	0	2	3
Rehab Psychology	5	4	1	0	3	1
Rehab Nursing	4	3	0	0	2	0
Prosthetics & Orthotics	3	3	1	0	2	3
Speech Path & Audiology	3	3	2	0	2	2
Client Asst (Contract)	2	1	1	0	0	1
Rehab Medicine	2	1	1	0	0	1

for having an inadequate pool of applicants, and in fact this was the most frequently cited factor for the inadequacies in most of the occupational areas with the exception of: physical therapy, occupational therapy, workshop and facility training, rehabilitation nursing, and speech pathology and audiology.

Of course, the need for training/education extends beyond the need to eliminate shortages; it also includes the need to improve the skills of existing staff who might have only minimal qualifications or who might be in a rapidly changing field where being familiar with new information is critical to best meet client needs. To determine what kind of training was needed within state agencies we asked two sets of questions. The first asked the agency to list up to five specialties for which services to their clients were most severely hindered because newly hired staff required additional education/training. The second set of questions was very similar except that it focused on existing, rather than newly hired staff.

Among all agencies, 58 (73 percent) indicated a need for further education/training in the area of rehabilitation counseling. Fifty-three of these 58 agencies indicated a need for training among newly hired staff, while 55 of them indicated that there existing rehabilitation counseling staff needed additional training. Forty-three (54 percent) of the agencies indicated that they needed additional training for those staff who had occupations in the area of rehabilitation of the blind. Thirty-nine of these 43 agencies indicated a need for additional training of new staff, while 37 of these agencies indicated a need for additional training of their existing staff.

Other occupational areas that were mentioned by at least 25 percent of the agencies included: rehabilitation administration (33 agencies, 42 percent), rehabilitation of the deaf (31 agencies, 39 percent), job placement and development (29 agencies, 37 percent), vocational evaluation and adjustment (24 agencies, 30 percent), experimental and innovative (23 agencies, 29 percent), independent living (22 agencies, 28 percent), and rehabilitation of the mentally ill (20 agencies, 25 percent).

The number of agencies who needed training for new staff was about the same as the number desiring training of existing staff. However there were a few exceptions: more agencies indicated a need for training of their existing staff than of newly hired staff in the areas of rehabilitation administration and rehabilitation of the mentally ill, while more agencies felt that training was needed for newly hired staff than for existing staff in the area of rehabilitation of the deaf. Table 11 contains data on the need for additional training among newly employed and current staff, among all agencies. Tables providing the data by type of agency and weighted by agency size are provided in Appendix C.

The agencies that indicated a need for additional training of newly employed people in certain specialties were asked to list up to three specific training needs for each of the specialties and to indicate whether each of these needs would be most appropriately met through education/training received prior to employment or while employed. Respondents were not precluded from indicating that training would be appropriate both before and after employment. Furthermore, respondents could give up to three responses (one for each specified training need) per occupational category; therefore, there are more than 79 responses for

Table 11

Number of Agencies Reporting Need for Additional Training in RSA Training Areas by Type of Staff - All Agencies
n = 79

Area	Type of Staff		
	New	Current	Total
Rehab Counseling	53	55	58 (73%)
Rehab of the Blind	39	37	43 (54%)
Visual Impairment	(29)	(25)	(32 (41%))
Business Enterprise Specialist	(10)	(8)	(12 (15%))
Orientation & Mobility Specialist	(14)	(12)	(16 (20%))
Rehab Teachers	(21)	(21)	(26 (33%))
Rehab of the Deaf	28	20	31 (39%)
Job Placement & Development	24	26	29 (37%)
Rehab Administration	23	30	33 (42%)
Voc Eval & Adjustment	19	16	24 (30%)
Independent Living	17	15	22 (28%)
Experimental & Innovative	15	19	23 (29%)
Rehab of the Mentally Ill	12	17	20 (25%)
Workshop & Facility Admin.	5	5	8 (10%)
Other	4	3	6 (8%)
Rec Therapy	(0)	(0)	(0)
Rehab Dentistry	(0)	(0)	(0)
Rehab Engineering	(4)	(3)	(6 (8%))
Interpreter Training	3	2	5 (6%)
Rehab Psychology	3	0	3 (4%)
Rehab Medicine	2	2	2 (3%)
Rehab Nursing	2	1	2 (3%)
Client Assistance (Contract)	2	0	2 (3%)
Occupational Therapy	2	1	2 (3%)
Physical Therapy	1	2	2 (3%)
Prosthetics & Orthotics	0	1	1 (1%)
Speech Pathology & Audiology	0	0	0 (0%)

[a] The agencies indicating the need for additional training among new staff are not necessarily the same agencies indicating the need for training among existing staff. The total is an unduplicated count of agencies.

each of these categories. Seventy-two responses indicated that training for rehabilitation counseling could be done either prior to, or while employed. Twenty-seven responses indicated that training for this area should only occur prior to employment, and 54 responses indicated that the training for this area should only occur while employed. This information and analogous information for the other four most frequently mentioned occupational areas are provided in Table 12. The same data has been arrayed in a slightly different fashion in Table 13. This table divides the responses into two categories "education should occur prior to employment" and "education/training should occur while employed". Responses that favored both pre- and post-employment training were included in both sums. By arraying the data in this fashion, it becomes apparent that more responses indicate the need for training while employed rather than training prior to employment. In examining the data in Tables 12 and 13, it should be remembered that an agency might believe that within any occupational category, one training need might be best met prior to employment and another might be best met while employed.

Table 12

Responses [a] to Timing of Training
for Five Selected Budget Categories and Totals for All Categories

	Both Prior to & While Employed [b]	Only Prior to and Not While	Only While and Not Prior To	Neither
Rehab Counseling	72	27	54	6
Rehab of the Blind	38	27	47	5
Job Placement & Development	34	8	27	3
Voc Evaluation & Work Adjustment	21	11	24	1
Administration	15	3	47	4
Totals for All 22 Categories	315	173	408	289

---

[a] Each agency could (but was not required to) give up to three responses (one for each specified training need) per category. Thus there are more than 79 responses per category.

[b] Respondents were not precluded from indicating that training would be appropriate both before and after employment. This column presents those responses.

Table 13

Responses to Timing of Training
for Five Selected Budget Categories and Totals for All Categories
(Question 10)

	Prior to Employment [a]		While Employed [a]	
	Yes	No	Yes	No
Rehab Counseling	99	60	126	33
Rehab of the Blind	65	52	85	32
Job Placement & Development	42	30	61	11
Voc Evaluation & Work Adjustment	32	25	45	12
Administration	18	51	62	7
Totals for All 22 Categories	488	697	723	462

[a] The categories Prior to Employment and While Employed are not mutually exclusive, i.e., a yes response to one does not preclude a yes response to the other.

3. SUMMARY

To determine the shortages that exist among occupational disciplines which could be addressed by education/training, we examined the number of full-time employees in each occupation area and measures of shortage such as the size of the unfilled positions within an area, the percent of positions that are unfilled, and the areas for which agencies had difficulty finding any outside providers because there were so few. This examination has led to the following findings:

- Certain occupational areas have such large numbers of unfilled positions. These positions are in the areas of rehabilitation counseling, rehabilitation administration, and rehabilitation of the blind.

- Shortages that are indicated both by high vacancy rates and sizeable numbers of unfilled positions include the areas of job placement and development, rehabilitation of the deaf, and independent living.

- The inability of state agencies to locate service providers in certain areas for which facilities have few budgeted positions and high percentages of unfilled positions indicates possible shortages in the following areas: experimental and innovative services, rehabilitation engineering, interpreter training, rehabilitation of the blind (specifically, orientation and mobility specialists and rehabilitation teachers), and rehabilitation psychologists.

- In most occupational areas, inadequate education was the primary contributing factor to an unsatisfactory pool of applicants. However salary rather than education was the primary factor for the areas of rehabilitation psychology, rehabilitation nursing, physical therapy,. occupational therapy, workshop and facility training, and speech pathology and audiology.

- When asked to rank the specialties for which shortages most severely affected the greatest number of people, the areas that received the top rankings were rehabilitation counseling, rehabilitation of the blind, rehabilitation of the deaf, and vocational evaluation and work adjustment.

In discussing the areas in which client services were most hindered because of training needs among newly hired or current staff:

- Seventy-three percent of the state agencies indicated the need for training in rehabilitation counseling, 54 percent indicated the need for training in rehabilitation of the blind, 42 percent indicated the need for training in rehabilitation administration, 39 percent indicated the need for training in rehabilitation of the deaf, and 37 percent indicated the need for training in job placement and development.

- The majority of responses from the state agencies indicated that training should occur while employed rather than prior to employment, although an analysis of training needs might show that certain training needs are thought to be most appropriate prior to employment while other training needs are thought to be best met while employed.

Appendix A

QUESTIONNAIRES

OMB Clearance Number: 1820-0547
App Exp: 04/30/88

QUESTIONNAIRE FOR DIRECTORS OF STATE VOCATIONAL REHABILITATION AGENCIES

INTRODUCTION:

This survey is being conducted under the auspices of the Rehabilitation Services Administration. The questions in this survey are intended to identify training needs and possible critical shortages of rehabilitation specialists which can be meaningfully addressed through special priorities governing the allocation of Federal training funds available through RSA.

Critical shortages are defined as regional or national shortages which result in reductions in the quantity or quality of services to levels substantially below those judged necessary to serve current rehabilitation clients or to expand services to underserved populations.

INSTRUCTIONS:

Please base all your answers on the most recent reporting period for which you have complete information. Special instructions (e.g., **CIRCLE, GO TO, SKIP,** etc.) are in bold type throughout the questionnaire. Where code numbers of particular education/training areas are requested, please refer to page 13. Where code numbers of particular professional discipline specialties are requested, please refer to page 14.

SECTION I

THIS SERIES OF QUESTIONS WILL BE ABOUT YOUR ORGANIZATION'S EXPERIENCE IN FINDING QUALIFIED PERSONNEL.

1a. Is the information that you will be providing based on a calendar year or a fiscal year? **(CIRCLE THE NUMBER IN FRONT OF THE APPROPRIATE RESPONSE.)**

__1__ Fiscal year **(GO TO QUESTION 1B.)**

__2__ Calendar year **(GO TO QUESTION 1C.)**

1b. Circle the last month of your reporting period:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
01	02	03	04	05	06	07	08	09	10	11	12

1c. Circle the year for which this data is reported:

86 85 84 83 82 81 80

2. During this reporting period, what was the total number of budgeted professional positions in your organization excluding support staff?

_____

3. How does this number compare with the number of positions one year earlier? **(PLEASE CIRCLE THE NUMBER IN FRONT OF THE CORRECT RESPONSE.)**

__1__ No change.

__2__ An increase of _____ positions.

__3__ A decrease of _____ positions.

4. What was your organization's experience in hiring rehabilitation professionals during the most recent reporting period?

a. _____ Total number of positions your organization sought to fill. **(IF ZERO, GO TO QUESTION 7.)**

b. _____ Number of positions still not filled at end of the year. **(GO TO QUESTION 5.)**

5. Circle the numbers of all of the following responses that describe the extent of the problems experienced by your organization in obtaining qualified personnel.

__1__ Only certain local offices have these problems.

__2__ Most local offices experience the same types of hiring problems.

__3__ The problems mostly involve particular specialties.

__4__ Our organization experiences a lack of qualified applicants across a wide range of specialties.

6. Using the Codes for Professional Discipline Specialties provided on page 14, list the specialties for which you have an unsatisfactory pool of applicants, in Column A, then check each factor that contributes to this inadequacy.

Specialty Code (see page 14)	Low Salary	Remote or Undesirable Location	Poor Working Conditions	Competition with Proprietary Organizations	Inadequate Education/ Training	Other (Specify)
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6

7. Using the codes provided on page 14, list the specialties which your organization employs in column A. In the subsequent columns, indicate the number of budgeted full-time equivalent (FTE) positions and unfilled positions that existed for the listed specialties.

A. Specialty Code (see page 14)	B. Number of Budgeted FTE Positions	C. Number of Unfilled Positions

8. Indicate whether any of the following responses occurs to a significant degree in your organization when it has an unfilled position for a particular specialty by circling the number in the appropriate box. Please list all specialties for which the response is a significant occurence.

Agency response to recruitment problem	Not Significant	Significant	Specialist Codes (see page 14)
a. Step up recruitment efforts, offering special incentives, etc.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
b. Increase caseload among qualified staff.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
c. Provide special training for employees who do not have the necessary specialty but are trying to fill in on these jobs.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
d. Arrange to acquire needed services from providers outside the organization.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
e. Decrease the quality of service to clients.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
f. Provide less of that service.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

9. Rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. **(PLEASE USE THE SPECIALTY CODES PROVIDED ON PAGE 14.)**

Rank	Specialty Code (see page 14)
First	_____
Second	_____
Third	_____

SECTION II

NOW, SOME QUESTIONS ABOUT YOUR TRAINING NEEDS AND THE MOST APPROPRIATE METHODS FOR MEETING THESE NEEDS.

10. In the table below, list up to five specialties for which client services are most hindered because newly employed people within that specialty require additional education/training. Then, using the codes provided on page 13, list the three most critical educational or training needs from most important to least important. In Column C, indicate whether the need would be most appropriately met through education received prior to employment or education/training received while employed by circling the number in the appropriate box. If you feel that both are appropriate, circle both numbers. In Column D, indicate the most appropriate method or methods for responding to the need.

    If your organization has no deficiencies among its new employees, **PLEASE CHECK THE FOLLOWING BOX AND GO ON TO QUESTION 11.** ☐ 99

A	B	C		D
Specialty Code (see p. 14)	Educational/ Training Needs (see page 13)	Prior to Employment	While Employed	Appropriate Method (*See Codes Below)
___	1. ___	1	2	
	2. ___	1	2	
	3.	1	2	
___	1. ___	1	2	
	2. ___	1	2	
	3.	1	2	
___	1. ___	1	2	
	2. ___	1	2	
	3.	1	2	
___	1. ___	1	2	
	2. ___	1	2	
	3.	1	2	
___	1. ___	1	2	
	2. ___	1	2	
	3.	1	2	

*Codes for Method of Response

_1. Program awarding one- or two-year certificate.
02. Program awarding Baccalaureate degree.
03. Program awarding Graduate degree.
04. Seminar/workshop of one week or less.
05. Seminar/workshop of more than one week (not necessarily in one session).
06. Academic coursework - [illegible]

11. In the following table please list up to five specialties for which client services are most hindered because of the need for further education/training of existing staff (excluding the newly hired). Then, using the codes provided on page 13, list the three most critical educational or training needs from most important to least important. In column C indicate the most appropriate method or methods for responding to the need.

If your organization has no need for further education/training of its current employees (excluding new employees), **PLEASE CHECK THE FOLLOWING BOX AND GO ON TO QUESTION 12.** [99]

A. Specialty Code (see p. 14)	B. Educational/ Training Needs (see page 13)	C. Appropriate method (*See Codes Below)
____	1. ____	
	2. ____	
	3.	
____	1. ____	
	2. ____	
	3.	
____	1. ____	
	2. ____	
	3.	
____	1. ____	
	2. ____	
	3.	
____	1. ____	
	2. ____	
	3.	

*Codes for Method of Response

01. Program awarding one- or two-year certificate.
02. Program awarding Baccalaureate degree.
03. Program awarding Graduate degree.
04. Seminar/workshop of one week or less.
05. Seminar/workshop of more than one week (not necessarily in one session).
06. Academic coursework - nondegree.

12. Rank the top three disciplines for which the need for further education/training of your staff most severely affects the greatest number of clients. (**PLEASE USE THE SPECIALTY CODES PROVIDED ON PAGE 14.**)

If your organization has no vacancies or deficiencies PLEASE CHECK THE FOLLOWING BOX AND GO TO THE NEXT QUESTION. ☐ 99

Rank	Specialty Code (see page 14)
First	____
Second	____
Third	____

SECTION III

NOW, SOME QUESTIONS ABOUT YOUR ORGANIZATION'S EXPERIENCE IN ARRANGING FOR NEEDED CLIENT SERVICES THROUGH OUTSIDE PROVIDERS.

13. Has your organization experienced problems in locating suitable providers of specialized services for your clients? **(CIRCLE THE NUMBER IN FRONT OF THE CORRECT RESPONSE.)**

    1 Yes **(GO TO QUESTION 14.)**

    2 No **(GO TO QUESTION 15.)**

14. Using the codes for professional discipline specialties on page 14, identify the three specialties for which your organization has experienced the greatest difficulty finding outside providers for services to your clients in your most recent accounting period.

Code Number of Specialty (see page 14)	Difficulty Factors: **CHECK AS MANY AS APPLY**		
	High Costs	Long Delays	No Local Providers
a.	1	2	3
b.	1	2	3
c.	1	2	3

15. Rate the value of each of the following approaches for reducing the difficulties some organizations experience in arranging for services from outside providers by circling the appropriate number.

Possible approaches	No value	Some value	Real value	A key factor
a. Increase the portion of agency budgets that are used to purchase services.	1	2	3	4
b. Raise limits on fees and/or client service costs.	1	2	3	4
c. Reduce requirements for practice in the field.	1	2	3	4
d. Establish some state-wide referral networks.	1	2	3	4
e. Establish some regional referral networks.	1	2	3	4
f. Establish some national referral networks.	1	2	3	4
g. Create new incentives to attract people into particular specialties.	1	2	3	4
Other (YOU MAY SPECIFY UP TO TWO APPROACHES.):				
h. _____			3	4
_____				
i. _____			3	4
_____				

SECTION IV

NOW, A SUMMARY QUESTION.

16. You have provided a great deal of information on the labor needs/shortages and the education/training needs that are affecting your organization's ability to provide services to its clients. Please list the three most critical needs <u>from most important to least important</u>.

DO NOT WRITE IN THIS BOX

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

1. ___ ___ ___

2. ___ ___ ___

3. ___ ___ ___

WOULD YOU LIKE A COPY OF THE ANALYSIS AND REPORTS GENERATED IN RESPONSE TO THIS SURVEY? **IF SO, CHECK HERE:** _____.

If the analysis and reports are to go to a different person than that designated as the contact person on the face sheet of this survey, please specify name and address:

_____
Name and Title

_____

_____

_____

_____

_____

CODES FOR EDUCATION/TRAINING AREAS

I. SERVICES

11 Behavior Management
12 Outreach -- Providing rehabilitation service opportunities to under-served persons with disabilities
13 Community Resources -- Knowledge of and use of appropriate community services
14 Assessment -- Of the person to determine functional skills and limitations
15 Rehabilitation Planning -- Analysis, synthesis, and utilization of assessment data to develop appropriate intervention strategy
16 Treatment -- To remove, ameliorate, or stabilize the handicapping effects of the disability including medical, psychological, vocational, and social interventions
17 Supportive Relationship -- Support to enable the person with a disability to better adjust
18 Placement -- Vocational, community, independent living, and family

II. SKILLS

21 Emerging Population -- New groups receiving rehabilitation services, e.g., traumatically brain-injured, chronically mentally ill
22 New Technology -- Technological applications to improve employability and independent living opportunities
23 Supported/Transitional Employment -- Competitive work in integrated work settings
24 Maintaining Facilitative Relationships -- Enhancement of the provider/professional relationship with the person with a disability
25 Team Building -- Of the rehabilitation professionals and improved professional inter-relationships
26 Case Management -- Assuring the proper services are rendered in a timely and appropriate manner
27 Knowledge of Disabilities -- Application of the knowledge of the medical, psychological, social, and emotional aspects of disabling conditions
28 New Techniques -- Applications in rehabilitation
29 Vocational Knowledge -- Applications of the knowledge of the world and vocational information
30 Independent Living -- Applications of the knowledge of independent living
31 Management/Supervisory Skills -- To improve performance of practitioners in delivery of services
32 Maintenance of Skill -- Maintenance and reinforcement of already acquired service-delivery skills

III. ADMINISTRATIVE AND SUPPORT

41 Orientation -- Orientation to services and an awareness of the needs of persons with disabilities and their families and communities
42 Documentation -- Of services rendered, needs outcomes, etc.
43 Legal and Ethical Issues -- As applied to treatment and services
44 Applications of Technology -- To provide better, more timely, cost efficient, and sensitive administrative services
45 Program Evaluation -- A system to provide data from the constituent parts of a services deliverer to improve services
46 Program Planning -- Identification and development of future strategies and services needed
47 Advocacy Services -- enhancing and increasing the involvement of persons with disabilities in the rehabilitation program
48 Public Information -- Increasing public awareness of the abilities and needs of persons with disabilities

CODES FOR PROFESSIONAL DISCIPLINE SPECIALTIES

For your assistance, definitions of specialties have been provided on the next three pages.

I. REHABILITATION COUNSELING:

Code Number	Specialty
11	General Rehabilitation Counselor
12	Job Development/Placement
13	Independent Living
14	Deafness
15	Blindness/Visual Impairment
16	Mental Illness
17	Specific Learning Disability
18	Supported Employment
19	Traumatic Brain Injury

II. MEDICAL AND ALLIED HEALTH PERSONNEL:

Code Number	Specialty
20	Audiology
21	Physiatry/Physician -- Rehabilitation Specialist
22	Prosthetics and Orthotics
23	Physical Therapy
24	Occupational Therapy
25	Speech-Language Pathology
26	Rehabilitation Nursing
27	Psychology/Psychiatry
28	Recreation Therapy
29	Rehabilitation Dentistry

III. VOCATIONAL PERSONNEL:

Code Number	Specialty
30	Vocational Evaluators
31	Work Adjustment Specialist
32	Resident Supervisor
33	Production Supervisor
34	Vocational Instructors
35	Business Enterprise Specialist

IV. REHABILITATION RELATED PERSONNEL:

Code Number	Specialty
40	Social Worker
41	Orientation and Mobility Specialists
42	Rehabilitation Teachers
43	Client Assistance Personnel
44	Rehabilitation Engineers
45	Interpreters for the Deaf
46	Supervisors, Managers, Administrative Services

DEFINITIONS OF PROFESSIONAL SPECIALTIES

The following definitions have been provided to help you classify your personnel within the categories used in this personnel needs assessment.

Administrative Services - Provides direct support to management in fiscal, program planning, data processing, and/or other staff support areas (e.g., staff development, program evaluation, etc.).

Audiologist - Provides diagnosis and treatment services concerned with hearing disabilities.

Blind/Low Vision Specialist - Facilitates, through technology, the use of residual sight in visually impaired persons.

Business Enterprise Specialist - Assists in the development of vending facilities in public and private buildings. Provides assistance in the installation or operation of these sites.

Client Assistance Personnel - Provides support and advocacy services for persons with disabilities.

Independent Living Specialist - Provides clients the experiences and practice with real or simulated life situations, assistive devices, special equipment, and specialized assistance to obtain independent living skills.

Interpreter for the Deaf - Primarily provides interpreting services for the deaf.

Job Development/Placement Specialist - Primarily responsible for planning and/or providing job placement/job development services, including job seeking skills training. Identifies potential employers and facilitates the placement of clients.

Management - Provides overall planning and direction of service delivery in a physical, psychological, and/or vocational rehabilitation program, unit or facility (e.g., executive director).

Occupational Therapist - Provides assistance in the restoration, maintenance, and development of performance capabilities required in activities of daily living and productivity. Facilitates adaption to reduce or correct pathology and promote health.

Orientation and Mobility Specialist - Assists blind and visually impaired clients in achieving independent orientation, mobility, and travel skills.

Orthotist - Specializes in the fitting and fabrication of appliances to improve the function and cosmesis of patients who have neuro-musculoskeletal impairments of various body parts.

Psychologist - Meets the legal requirements in the State for the practice of psychology.

Physiatrist - A licensed physician who is qualified or certified in physical medicine and rehabilitation.

Physician-Rehabilitation Specialist - A physician licensed to practice medicine and work with physical, psychological, vocational rehabilitation units, programs, or facilities providing services to clients.

Physical Therapist - Through a variety of physical procedures, treats clients to relieve pain, develop or restore motor function and maintain maximum performance.

Production Supervisor - Assists and monitors clients in simulated and real occupational activities.

Prosthetist - Specializes in the fitting and fabrication of appliances to improve the function and cosmesis of patients who have suffered an amputation or loss of parts or whole of an extremity.

Recreation Therapist - Provides evaluation and treatment services, by utilizing adaptive activities, to achieve specific medical and/or rehabilitation goals, as well as maximum integration of the person into the community.

Rehabilitation Counselor - Through utilizing counseling skills, case management skills, and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation, and acquisition of suitable employment.

Rehabilitation Dentist - A dentist who restores the function, form, and aesthetics of the dento-facial complex to maximize quality of life for the physically and mentally handicapped and to assist in maintaining or regaining the individual's highest level of physical function and social interaction.

Rehabilitation Engineer - Applies technology for the disabled in the modification of existing systems or devices for adaption in work and independent living.

Rehabilitation Nurse - A registered Nurse who has training and/or experience in dealing with the needs of rehabilitation populations and is assigned to a physical, psychological, vocational rehabilitation unit, program, or facility.

Rehabilitation Teacher for the Blind - Assists blind and visually impaired clients with adaptations for independent living skills.

Social Worker - Assists persons in personal, social, family, and financial adjustment.

Speech Pathologist - Provides diagnosis and treatment services for individuals with speech and language disorders.

Supervisor (first line) - Coordinates and directs staff in the delivery of rehabilitation service in a physical, psychological, or vocational rehabilitation setting.

Vocational Evaluator - Assess clients in specific work skills, occupational potentials, and vocational interests through the performance of tasks using materials, tools, and equipment found in particular job families.

Vocational Instructor - Utilizes an organized systematic instructional program to assist clients in the acquisition of specific marketable occupational skills.

OMB Clearance Number: 1820-0547
App Exp: 04/30/88

QUESTIONNAIRE FOR DIRECTORS OF REHABILITATION FACILITIES

INTRODUCTION:

The questions in this survey are intended to identify training needs and possible critical shortages of rehabilitation specialists which can be meaningfully addressed through special priorities governing the allocation of Federal training funds available through RSA.

Critical shortages are defined as regional or national shortages which result in reductions in the quantity or quality of services to levels substantially below those judged necessary to serve current rehabilitation clients or to expand services to underserved populations.

Please base all your answers on the most recent reporting period for which you have complete information. Special instructions (e.g., **CIRCLE, GO TO, SKIP,** etc.) are in bold type throughout the questionnaire. Where code numbers of particular education/training areas are requested, please refer to page 14. Where code numbers of particular professional discipline specialties are requested, please refer to page 15.

SECTION I

FIRST, SOME QUESTIONS ABOUT YOUR ORGANIZATION.

1. Which of the following most closely describes your organization? **(CIRCLE THE NUMBER OF THE APPROPRIATE DESCRIPTION)**

   1 Comprehensive Rehabilitation Facility

   2 Medical Rehabilitation Facility

   3 Independent Living Center

   4 Vocational/Development Facility

   5 OTHER **(PLEASE SPECIFY)** _____

2. Which of the following most closely describes your organization? **(CIRCLE THE NUMBER OF THE APPROPRIATE DESCRIPTION.)**

   1 Government facility

   2 Private, non-profit facility

   3 Private, for-profit facility

3. Where is your organization located? **(CIRCLE THE NUMBER OF THE APPROPRIATE DESCRIPTION.)**

   1 Rural area

   2 Small urban area (reasonable commuting distance to metropolitan area or city of at least 50,000 population)

   3 Large urban/suburban (city of 250,000 or more population)

4. What was the total caseload at your organization in the reporting year? _____

5a. Does your organization specialize in serving only individuals with a certain handicap or handicaps?

__1__ Yes __2__ No

5b. If yes, please specify area(s) of specialization:

DO NOT WRITE IN THIS BOX

_____	___	___	___
_____	___	___	___
_____	___	___	___
_____	___	___	___
_____	___	___	___

6a. How many clients did your organization serve last year who were referred to you by a State Vocational Rehabilitation Agency? _____

6b. In the last three years? _____

If either response to Question 6 was more than zero, please go to Question 7.

If both responses to Question 6 were zero, please **DO NOT CONTINUE.** It is, however, essential that you **RETURN THIS QUESTIONNAIRE IMMEDIATELY** in the provided envelope. Thank you for your assistance.

7. Does your organization serve vocational rehabilitation clients only from your area or are clients referred to your organization from other areas? **(CIRCLE THE APPROPRIATE NUMBER.)**

__1__ local referrals only __2__ statewide referrals __3__ state and interstate referrals

SECTION II

THIS SERIES OF QUESTIONS WILL BE ABOUT YOUR ORGANIZATION'S EXPERIENCE IN FINDING QUALIFIED PERSONNEL.

8a. Is information that you will be providing based on a calendar year or a fiscal year? **(CIRCLE THE NUMBER IN FRONT OF THE APPROPRIATE RESPONSE.)**

__1__ Fiscal year **(GO TO QUESTION 8B.)**

__2__ Calendar year **(GO TO QUESTION 8C.)**

8b. Circle the last month of your reporting period:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
01	02	03	04	05	06	07	08	09	10	11	12

8c. Circle the year for which this data is reported:

86 85 84 83 82 81 80

9. During this reporting period, what was the total number of budgeted professional positions in your organization excluding support staff? _____

10. How does this number compare with the number of positions one year earlier? **(PLEASE CIRCLE THE NUMBER IN FRONT OF THE CORRECT RESPONSE.)**

__1__ No change.

__2__ An increase of _____ positions.

__3__ A decrease of _____ positions.

11. What was your organization's experience in hiring rehabilitation professionals during the most recent reporting period?

a. _____ Total number of positions your organization sought to fill. **(IF ZERO, GO TO QUESTION 14.)**

b. _____ Number of positions still not filled at end of the year. **(GO TO QUESTION 12.)**

12. Circle the numbers of all of the following responses that describe the extent of the problems experienced by your organization in obtaining qualified personnel:

__1__ Only certain local offices have these problems.

__2__ Most local offices experience the same types of hiring problems.

__3__ The problems mostly involve particular specialties.

__4__ Our organization experiences a lack of qualified applicants across a wide range of specialties.

13. Using the Codes for Professional Discipline Specialties provided on page 15, list the specialties for which you have an unsatisfactory pool of applicants, in Column A, then check each factor that contributes to this inadequacy.

Specialty Code (See Page 15)	Low Salary	Remote or Undesirable Location	Poor Working Conditions	Competition with Private Proprietary Organizations	Inadequate Education/ Training	Other (Specify)
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6

14. Using the codes provided on page 15, list the specialties which your organization employs in column A. In the subsequent columns, indicate the number of budgeted (FTE) full-time equivalent positions and unfilled positions that existed for the listed specialties.

A. Specialty Codes (See page 15)	B. Number of Budgeted FTE Positions	C. Number of Unfilled Positions

15. Indicate whether any of the following responses occurs to a significant degree in your organization when it has an unfilled position for a particular specialty by circling the number in the appropriate box. Please list all specialties for which the response is a significant occurence.

Agency response to recruitment problem	Not Significant	Significant	Specialist Codes (See page 15)
a. Step up recruitment efforts, offering special incentives, etc.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
b. Increase caseload among qualified staff.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
c. Provide special training for employees who do not have the necessary specialty but are trying to fill in on these jobs.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
d. Arrange to acquire needed services from providers outside the organization.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
e. Decrease the quality of service to clients or refer them to non-cooperating agencies.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
f. Provide less of that service.	2	1	____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

16. Rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. **(PLEASE USE THE SPECIALITY CODES PROVIDED ON PAGE 15.)**

Rank	Specialty Code (See page 15)
First	_____
Second	_____
Third	_____

SECTION III

NOW, SOME QUESTIONS ABOUT YOUR TRAINING NEEDS AND THE MOST APPROPRIATE METHODS FOR MEETING THESE NEEDS.

17. In the table below, list up to five specialties for which client services are most hindered because newly employed people within that specialty require additional education/training. Then, using the codes provided on page 14, list the three most critical educational or training needs from most important to least important. In Column C, indicate whether the need would be most appropriately met through education received prior to employment or education/training received while employed by circling the number in the appropriate box. If you feel that both are appropriate, circle both numbers. In Column D indicate the most appropriate method or methods for responding to the need.

If your organization has no deficiencies among its new employees, **PLEASE CHECK THE FOLLOWING BOX AND GO ON TO QUESTION 18.** [99]

A	B	C		D
Specialty Code (See p. 15)	Educational/ Training Needs (See page 14)	Prior to Employment	While Employed	Appropriate Method (*See Codes below)
___	1. _____	1	2	
	2. _____	1	2	
	3.	1	2	
___	1. _____	1	2	
	2. _____	1	2	
	3.	1	2	
___	1. _____	1	2	
	2. _____	1	2	
	3.	1	2	
___	1. _____	1	2	
	2. _____	1	2	
	3.	1	2	
___	1. _____	1	2	
	2. _____	1	2	
	3.	1	2	

*Codes for Method of Response

01. Program awarding a one or two-year certificate.
02. Program awarding Baccalaureate degree.
03. Program awarding a Graduate degree.
04. Seminar/workshop of one week or less.
05. Seminar/workshop of more than one week (not necessarily in one session).
06. Academic coursework

18. In the following table, please list up to five specialties for which client services are most hindered because of the need for further education/training of existing staff (excluding the newly hired). Then, using the codes provided on page 14, list the three most critical educational or training needs from most important to least important. In Column C, indicate the most appropriate method or methods for responding to the need.

If your organization has no need for further education/training of its current employees (excluding new employees), **PLEASE CHECK THE FOLLOWING BOX AND GO ON TO QUESTION 19.** ☐ 99

A. Specialty Code (See page 15)	B. Educational/ Training Needs (See page 14)	C. Appropriate method (*See Codes Below)
____	1.	
	2.	
	3.	
____	1.	
	2.	
	3.	
____	1.	
	2.	
	3.	
____	1.	
	2.	
	3.	
____	1.	
	2.	
	3.	

*Codes for Method of Response

01. Program awarding a one or two-year certificate.
02. Program awarding Baccalaureate degree.
03. Program awarding a Graduate degree.
04. Seminar/workshop of one week or less.
05. Seminars/workshop of more than one week (not necessarily in one session).
06. Academic coursework - non-degree.

19. Rank the top three disciplines for which the need for further education/training of your staff most severely affects the greatest number of clients. (**PLEASE USE THE SPECIALTY CODES PROVIDED.**)

If your organization has no vacancies or deficiencies **PLEASE CHECK THE FOLLOWING BOX AND GO TO THE NEXT QUESTION.**

99

Rank	Specialty Code (see page 15)
First	____
Second	____
Third	____

20. Rate the value of each of the following approaches for reducing the difficulties that some state organizations experience in arranging for needed services from outside providers by circling the appropriate number.

Possible approaches	No value	Some value	Real value	A key factor
a. Increase the portion of agency budgets that are used to purchase services.	1	2	3	4
b. Raise limits on fees and/or client service costs.	1	2	3	4
c. Reduce requirements for practice in the field.	1	2	3	4
d. Establish some state-wide referral networks.	1	2	3	4
e. Establish some regional referral networks.	1	2	3	4
f. Establish some national referral networks.	1	2	3	4
g. Create new incentives to attract people into particular specialties.	1	2	3	4
Other (YOU MAY SPECIFY UP TO TWO APPROACHES.):				
h. _____			3	4
_____				
j. _____			3	4
_____				

SECTION IV

NOW, A SUMMARY QUESTION.

21. You have provided a great deal of information on the labor needs/shortages and the education/training needs in your organization that are affecting your organization's ability to provide services to its clients. Please list the three most critical needs <u>from most important to least important</u>.

DO NOT WRITE IN THIS BOX

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

1. ___ ___ ___

2. ___ ___ ___

3. ___ ___ ___

WOULD YOU LIKE A COPY OF THE ANALYSIS AND REPORTS GENERATED IN RESPONSE TO THIS SURVEY? **IF SO, CHECK HERE:** _____.

If the analysis and reports are to go to a different person than that designated as the contact person on the face sheet of this survey, please specify name and address:

_____

Name and Title

_____

_____

_____

_____

_____

ID #: _____

CODES FOR EDUCATION/TRAINING AREAS

I. SERVICES

11 Behavior Management
12 Outreach -- Providing rehabilitation service opportunities to underserved persons with disabilities
13 Community Resources -- Knowledge of and use of appropriate community services
14 Assessment -- Of the person to determine functional skills and limitations
15 Rehabilitation Planning -- Analysis, synthesis, and utilization of assessment data to develop appropriate intervention strategy
16 Treatment -- To remove, ameliorate, or stabilize the handicapping effects of the disability including medical, psychological, vocational, and social interventions
17 Supportive Relationship -- Support to enable the person with a disability to better adjust
18 Placement -- Vocational, community, independent living, and family

II. SKILLS

21 Emerging Population -- New groups receiving rehabilitation services, e.g., traumatically brain-injured, chronically mentally ill.
22 New Technology -- Technological applications to improve employability and independent living opportunities.
23 Supported/Transitional Employment -- Competitive work in integrated work settings.
24 Maintaining Facilitative Relationships -- Enhancement of the provider/professional relationship with the person with a disability
25 Team Building -- Of the rehabilitation professionals and improved professional inter-relationships
26 Case Management -- Assuring the proper services are rendered in a timely and appropriate manner
27 Knowledge of Disabilities -- Application of the knowledge of the medical, psychological, social, and emotional aspects of disabling conditions
28 New Techniques -- Applications in rehabilitation
29 Vocational Knowledge -- Applications of the knowledge of the world and vocational information
30 Independent Living -- Applications of the knowledge of independent living
31 Management/Supervisory Skills -- To improve performance of practitioners in delivery of services
32 Maintenance of Skill -- Maintenance and reinforcement of already acquired service-delivery skills

III. ADMINISTRATIVE AND SUPPORT

41 Orientation -- Orientation to services and an awareness of the needs of persons with disabilities and their families and communities
42 Documentation -- Of services rendered, needs outcomes, etc.
43 Legal and Ethical Issues -- As applied to treatment and services
44 Applications of Technology -- To provide better, more timely, cost efficient, and sensitive administrative services
45 Program Evaluation -- A system to provide data from the constituent parts of a services deliverer to improve services
46 Program Planning -- Identification and development of future strategies and services needed
47 Advocacy Services -- enhancing and increasing the involvement of persons with disabilities in the rehabilitation program
48 Public Information -- Increasing public awareness of the abilities and needs of persons with disabilities

CODES FOR PROFESSIONAL DISCIPLINE SPECIALTIES

For your assistance, definitions of specialties have been provided on the next three pages.

I. REHABILITATION COUNSELING:

Code Number	Specialty
11	General Rehabilitation Counselor
12	Job Development/Placement
13	Independent Living
14	Deafness
15	Blindness/Visual Impairment
16	Mental Illness
17	Specific Learning Disability
18	Supported Employment
19	Traumatic Brain Injury

II. MEDICAL AND ALLIED HEALTH PERSONNEL:

Code Number	Specialty
20	Audiology
21	Physiatry/Physician -- Rehabilitation Specialist
22	Prosthetics and Orthotics
23	Physical Therapy
24	Occupational Therapy
25	Speech-Language Pathology
26	Rehabilitation Nursing
27	Psychology/Psychiatry
28	Recreation Therapy
29	Rehabilitation Dentistry

III. VOCATIONAL PERSONNEL:

Code Number	Specialty
30	Vocational Evaluators
31	Work Adjustment Specialist
32	Resident Supervisor
33	Production Supervisor
34	Vocational Instructors
35	Business Enterprise Specialist

IV. REHABILITATION RELATED PERSONNEL:

Code Number	Specialty
40	Social Worker
41	Orientation and Mobility Specialists
42	Rehabilitation Teachers
43	Client Assistance Personnel
44	Rehabilitation Engineers
45	Interpreters for the Deaf
46	Supervisors, Managers, Administrative Services

DEFINITIONS OF PROFESSIONAL SPECIALTIES

The following definitions have been provided to help you classify your personnel within the categories used in this personnel needs assessment.

Administrative Services - Provides direct support to management in fiscal, program planning, data processing, and/or other staff support areas (e.g., staff development, program evaluation, etc.).

Audiologist - Provides diagnosis and treatment services concerned with hearing disabilities.

Blind/Low Vision Specialist - Facilitates, through technology, the use of residual sight in visually impaired persons.

Business Enterprise Specialist - Assists in the development of vending facilities in public and private buildings. Provides assistance in the installation or operation of these sites.

Client Assistance Personnel - Provides support and advocacy services for persons with disabilities.

Independent Living Specialist - Provides clients the experiences and practice with real or simulated life situations, assistive devices, special equipment, and specialized assistance to obtain independent living skills.

Interpreter for the Deaf - Primarily provides interpreting services for the deaf.

Job Development/Placement Specialist - Primarily responsible for planning and/or providing job placement/job development services, including job seeking skills training. Identifies potential employers and facilitates the placement of clients.

Management - Provides overall planning and direction of service delivery in a physical, psychological, and/or vocational rehabilitation program, unit or facility (e.g., executive director).

Occupational Therapist - Provides assistance in the restoration, maintenance, and development of performance capabilities required in activities of daily living and productivity. Facilitates adaption to reduce or correct pathology and promote health.

Orientation and Mobility Specialist - Assists blind and visually impaired clients in achieving independent orientation, mobility, and travel skills.

Orthotist - Specializes in the fitting and fabrication of appliances to improve the function and cosmesis of patients who have neuro-musculoskeletal impairments of various body parts.

Psychologist - Meets the legal requirements in the State for the practice of psychology.

Physiatrist - A licensed physician who is qualified or certified in physical medicine and rehabilitation.

Physician-Rehabilitation Specialist - A physician licensed to practice medicine and work with physical, psychological, vocational rehabilitation units, programs, or facilities providing services to clients.

Physical Therapist - Through a variety of physical procedures, treats clients to relieve pain, develop or restore motor function and maintain maximum performance.

Production Supervisor - Assists and monitors clients in simulated and real occupational activities.

Prosthetist - Specializes in the fitting and fabrication of appliances to improve the function and cosmesis of patients who have suffered an amputation or loss of parts or whole of an extremity.

Recreation Therapist - Provides evaluation and treatment services, by utilizing adaptive activities, to achieve specific medical and/or rehabilitation goals, as well as maximum integration of the person into the community.

Rehabilitation Counselor - Through utilizing counseling skills, case management skills, and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation, and acquisition of suitable employment.

Rehabilitation Dentist - A dentist who restores the function, form, and aesthetics of the dento-facial complex to maximize quality of life for the physically and mentally handicapped and to assist in maintaining or regaining the individual's highest level of physical function and social interaction.

Rehabilitation Engineer - Applies technology for the disabled in the modification of existing systems or devices for adaption in work and independent living.

Rehabilitation Nurse - A registered Nurse who has training and/or experience in dealing with the needs of rehabilitation populations and is assigned to a physical, psychological, vocational rehabilitation unit, program, or facility.

Rehabilitation Teacher for the Blind - Assists blind and visually impaired clients with adaptations for independent living skills.

Social Worker - Assists persons in personal, social, family, and financial adjustment.

Speech Pathologist - Provides diagnosis and treatment services for individuals with speech and language disorders.

Supervisor (first line) - Coordinates and directs staff in the delivery of rehabilitation service in a physical, psychological, or vocational rehabilitation setting.

Vocational Evaluator - Assess clients in specific work skills, occupational potentials, and vocational interests through the performance of tasks using materials, tools, and equipment found in particular job families.

Vocational Instructor - Utilizes an organized systematic instructional program to assist clients in the acquisition of specific marketable occupational skills.

Appendix B

SPECIALTY CODES AND CORRESPONDING RSA TRAINING AREAS

CODES FOR EDUCATION/TRAINING AREAS

I. SERVICES

11 Behavior Management
12 Outreach -- Providing rehabilitation service opportunities to underserved persons with disabilities
13 Community Resources -- Knowledge of and use of appropriate community services
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15 Rehabilitation Planning -- Analysis, synthesis, and utilization of assessment data to develop appropriate intervention strategy
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18 Placement -- Vocational, community, independent living, and family

II. SKILLS

21 Emerging Population -- New groups receiving rehabilitation services, e.g., traumatically brain-injured, chronically mentally ill.
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47 Advocacy Services -- enhancing and increasing the involvement of persons with disabilities in the rehabilitation program
48 Public Information -- Increasing public awareness of the abilities and needs of persons with disabilities

Special Codes Assigned to Corresponding RSA Training Areas

Rehab of the Blind (15, 35, 41, 42)

- Visual Impairment (15)
- Bus. Enterprise Specialist (35)
- Orientation & Mobility Spec. (41)
- Rehab Teachers (42)

Rehab Counseling (11, 18)

Rehab of the Deaf (14)

Voc Eval & Work Adjustment (30, 31)

Interpreter Training (45)

Other (28, 29, 44)

- Recreation Therapy (28)
- Rehab Dentist (29)
- Rehab Engineering (44)

Independent Living (13)

Experimental & Innovative (17, 19)

Job Placement & Development (12)

Physical Therapy (23)

Occupational Therapy (24)

Rehab of the Mentally Ill (16)

Rehab Administration (46)

Workshop & Facility Training (32, 33, 34)

Rehab Psychology (27)

Rehab Nursing (26)

Prosthetics & Orthotics (22)

Speech Path & Audiology (20, 25)

Client Assist (Contract) (43)

Rehab Medicine (21)

Special Codes Assigned to Corresponding RSA Training Areas

Rehab of the Blind (15, 35, 41, 42)

- Visual Impairment (15)
- Bus. Enterprise Specialist (35)
- Orientation & Mobililty Spec. (41)
- Rehab Teachers (42)

Rehab Counseling (11, 18)

Rehab of the Deaf (14)

Voc Eval & Work Adjustment (30, 31)

Interpreter Training (45)

Other (28, 29, 44)

- Recreation Therapy (28)
- Rehab Dentist (29)
- Rehab Engineering (44)

Independent Living (13)

Experimental & Innovative (17, 19)

Job Placement & Development (12)

Physical Therapy (23)

Occupational Therapy (24)

Rehab of the Mentally Ill (16)

Rehab Administration (46)

Workshop & Facility Training (32, 33, 34)

Rehab Psychology (27)

Rehab Nursing (26)

Prosthetics & Orthotics (22)

Speech Path & Audiology (20, 25)

Client Asst (Contract) (43)

Rehab Medicine (21)

Appendix C

ADDITIONAL ANALYSES

BY TYPE OF AGENCY; AND

WEIGHTED BY SIZE OF AGENCY

Table C-1

Areas with Unsatisfactory Applicant Pool
(Weighted Analysis)
n = 66

Training Area	Percent of All Agencies	Weighted by Agency Size [a]	Rank Based on Weighted Analysis
Rehab of the Blind	52	41	3
Visual Impairment	20	(17)	
Bus. Enterprise Specialist	6	(3)	
Orientation & Mobility Spec.	38	(23)	
Rehab Teachers	32	(20)	
Rehab Counseling	44	45	2
Rehab of the Deaf	41	57	1
Voc Eval & Work Adjustment	23	30	4
Interpreter Training	21	28	5
Other	21	28	5
Recreation Therapy	2	(2)	
Rehab Dentist	0	(0)	
Rehab Engineering	20	(26)	
Independent Living	20	20	10
Experimental & Innovative	18	21	9
Job Placement & Development	17	17	11
Physical Therapy	14	28	5
Occupational Therapy	12	25	8
Rehab of the Mentally Ill	11	13	13
Rehab Administration	9	7	18
Workshop & Facility Training	9	14	12
Rehab Psychology	8	12	14
Rehab Nursing	6	12	14
Prosthetics & Orthotics	5	9	16
Speech Path & Audiology	5	8	17
Client Asst (Contract)	3	3	19
Rehab Medicine	3	2	20

[a] Scale has values from 0 to 100. An agency with a large staff is given more weight than an agency with a small staff.

Table C-2

Areas with Unsatisfactory Applicant Pool - Other Agencies
n = 46

Training Area	Number of Agencies	Inadequate Education/ Training a Factor
Rehab of the Blind	18 (39%)	14 (30%)
Visual Impairment	(6 (13%))	
Bus. Enterprise Specialist	(2 (4%))	
Orientation & Mobility Spec.	(12 (26%))	
Rehab Teacher	(9 (20%))	
Rehab Counseling	28 (61%)	17 (37%)
Rehab of the Deaf	25 (54%)	22 (48%)
Voc Eval & Work Adjustment	15 (33%)	12 (26%)
Interpreter Training	13 (28%)	10 (22%)
Other	13 (28%)	9 (20%)
Rec. Therapy	(1 (2%))	
Rehab Dentist	(0 (0%))	
Rehab Engineering	(12 (26%))	
Independent Living	12 (26%)	9 (20%)
Experimental & Innovative	10 (22%)	10 (22%)
Job Placement & Development	9 (20%)	8 (17%)
Physical Therapy	9 (20%)	3 (7%)
Occupational Therapy	7 (15%)	3 (7%)
Rehab of the Mentally Ill	6 (13%)	6 (13%)
Rehab Administration	5 (11%)	3 (7%)
Wksp & Facility Training	5 (11%)	3 (7%)
Rehab Psychology	4 (9%)	1 (2%)
Rehab Nursing	3 (7%)	0 (0%)
Prosthetics & Orthotics	3 (7%)	3 (7%)
Speech Path & Audiology	3 (7%)	2 (4%)
Client Asst (Contract)	1 (2%)	0 (0%)
Rehab Medicine	2 (4%)	1 (2%)

Table C-3

Number of Agencies Reporting Need for Additional Training
In RSA Training Areas By Type of Staff - All Agencies
(Weighted Percentages)
n = 79

Area	Type of Staff		
	New	Current	Total [a]
Rehab Counseling	76	81	86
Rehab of the Blind	32	33	39
Visual Impairment	(20)	(17)	(23)
Business Enterprise Specialist	(3)	(3)	(5)
Orientation & Mobility Specialist	(17)	(13)	(19)
Rehab Teachers	(15)	(16)	(21)
Rehab of the Deaf	49	39	56
Job Placement & Development	33	42	47
Rehab Administration	30	44	33
Voc Eval & Adjustment	26	27	36
Independent Living	22	13	24
Experimental & Innovative	23	25	36
Rehab of the Mentally Ill	14	27	33
Workshop & Facility Training	5	9	10
Other	6	2	7
Rec Therapy	(0)	(0)	(0)
Rehab Dentistry	(0)	(0)	(0)
Rehab Engineering	(6)	(2)	(7)
Interpreter Training	10	4	14
Rehab Psychology	4	0	4
Rehab Medicine	2	2	2
Rehab Nursing	5	2	5
Client Assistance (Contract)	3	0	3
Occupational Therapy	6	1	6
Physical Therapy	1	6	6
Prosthetics & Orthotics	0	5	5
Speech Pathology & Audiology	0	0	0

[a] The agencies indicating the need for additional training among new staff are not necessarily the same agencies indicating the need for training of existing staff. The total is an unduplicated count of agencies.

Table C-4

Number of Agencies Reporting Need for Additional Training in RSA Training Areas By Type of Staff - Agencies for the Blind

Area	Type of Staff		
	New	Current	Total [a]
Rehab Counseling	8	9	9 (35%)
Rehab of the Blind	24	22	24 (92%)
Visual Impairment	(17)	(14)	(17 (65%))
Business Enterprise Specialist	(10)	(7)	(11 (42%))
Orientation & Mobility Specialist	(10)	(10)	(12 (46%))
Rehab Teachers	(17)	(17)	(20 (77%))
Rehab of the Deaf	1	0	1 (4%)
Job Placement & Development	8	9	9 (35%)
Rehab Admin	8	9	9 (35%)
Voc Eval & Adjustment	3	1	3 (12%)
Independent Living	7	5	8 (31%)
Experimental & Innovative	1	0	1 (4%)
Rehab of the Mentally Ill	1	0	1 (4%)
Workshop & Facility Admin.	3	1	3 (12%)
Other	1	1	2 (8%)
Rec Therapy	(0)	(0)	(0)
Rehab Dentistry	(0)	(0)	(0)
Rehab Engineering	(1)	(1)	(2 (8%))
Interpreter Training	0	0	0 (0%)
Rehab Psychology	0	0	0 (0%)
Rehab Medicine	0	0	0 (0%)
Rehab Nursing	0	0	0 (0%)
Client Assistance (Contract)	0	0	0 (0%)
Occupational Therapy	0	0	0 (0%)
Physical Therapy	0	0	0 (0%)
Prosthetics & Orthotics	0	0	0 (0%)
Speech Pathology & Audiology	0	0	0 (0%)

[a] The agencies indicating the need for additional training among new staff are not necessarily the same agencies indicating a need for training of existing staff. The total is an unduplicated count of agencies.

Table C-5

Number of Agencies Reporting Need for Additional Training
in RSA Training Areas By Type of Staff - Agencies
(Excluding Agencies for the Blind)
n = 53

	Type of Staff		
Area	New	Current	Total
Rehab Counseling	45	46	49 (92%)
Rehab of the Blind	15	15	19 (36%)
Visual Impairment	(12)	(11)	(15 (28%))
Business Enterprise Specialist	(0)	(1)	(1 (2%))
Orientation & Mobility Specialist	(4)	(2)	(4 (8%))
Rehab Teachers	(4)	(4)	(6 (11%))
Rehab of the Deaf	27	20	30 (57%)
Job Placement & Development	16	17	20 (38%)
Rehab Administration	15	21	24 (45%)
Voc Eval & Adjustment	16	15	21 (40%)
Independent Living	10	10	14 (26%)
Experimental & Innovative	14	19	22 (42%)
Rehab of the Mentally Ill	11	17	19 (36%)
Workshop & Facility Admin.	2	4	5 (9%)
Other	3	2	4 (8%)
Rec Therapy	(0)	(0)	(0)
Rehab Dentistry	(0)	(0)	(0)
Rehab Engineering	(3)	(2)	(4 (8%))
Interpreter Training	3	2	5 (9%)
Rehab Psychology	3	0	3 (6%)
Rehab Medicine	2	2	2 (4%)
Rehab Nursing	2	1	2 (4%)
Client Assistance (Contract)	2	0	2 (4%)
Occupational Therapy	2	1	2 (4%)
Physical Therapy	1	2	2 (4%)
Prosthetics & Orthotics	0	1	1 (2%)
Speech Pathology & Audiology	0	0	0 (0%)

Table C-6

Areas that Agencies Experienced Problems
in Locating Suitable Service Providers - Weighted Analysis
n = 62

Area	N	(%) [a]	Weighted Percent	Rank Based Weighted Value
Experimental & Innovative	23	(37%)	38	1
Other	21	(34%)	28	3
Rec Therapy	(0)		(0)	
Rehab Dentistry	(0)		(0)	
Rehab Engineering	(21)		(28)	
Interpreter Training	19	(31%)	37	2
Rehab of the Blind	18	(29%)	17	5
Visual Impairment	(4)		(2)	
Business Enterprise Spec	(1)		(1)	
Orientation & Mobility Spec	(11)		(14)	
Rehab Teacher	(11)		(10)	
Rehab Psychology	15	(24%)	21	5
Rehab Counseling	11	(18%)	20	4
Rehab Medicine	8	(13%)	16	7
Independent Living	6	(10%)	7	10
Rehab of the Deaf	6	(10%)	13	8
Voc Eval & Adjustment	6	(10%)	10	9
Rehab of Mentally Ill	5	(8%)	7	10
Prosthetics & Orthotics	5	(8%)	2	15
Rehab Administration	2	(3%)	5	12
Wkshop & Facility Training	1	(2%)	2	15
Job Placement & Development	1	(2%)	0	17
Physical Therapy	1	(2%)	4	13
Rehab Nursing	1	(2%)	4	13
Speech Pathology & Audiology	1	(2%)	0	17

All other areas zero (0)

[a] Percentage of only those agencies that have difficulties finding outside providers.

Table C-7

RSA Training Areas with Unsatisfactory Pool of Applicants - All Agencies That Had Vacancies

n = 66

Training Area	Number of Agencies Reporting an Unsatisfactory Applicant Pool	Number of Agencies with Vacancies and Unsatisfactory Applicant Pool
Rehab of the Blind	34	17
Visual Impairment	(13)	(8)
Bus. Enterprise Specialist	(4)	(1)
Orientation & Mobililty Spec.	(25)	(11)
Rehab Teachers	(21)	(5)
Rehab Counseling	29	21
Rehab of the Deaf	27	13
Voc Eval & Work Adjustment	15	5
Interpreter Training	14	1
Other	14	4
Recreation Therapy	(1)	(1)
Rehab Dentist	(0)	(0)
Rehab Engineering	(13)	(3)
Independent Living	13	3
Experimental & Innovative	12	2
Job Placement & Development	11	5
Physical Therapy	9	3
Occupational Therapy	8	3
Rehab of the Mentally Ill	7	0
Rehab Administration	6	3
Workshop & Facility Training	6	4
Rehab Psychology	5	1
Rehab Nursing	4	2
Prosthetics & Orthotics	3	1
Speech Path & Audiology	3	2
Client Asst (Contract)	2	2
Rehab Medicine	2	0